

# Medical Plan Options

## Cigna Limited Network

- » Similar to an HMO
- » All your medical care comes from an IPA, either Cigna KelseyCare, Mayor Group IPA or Renaissance IPA. Medical services provided outside of your IPA won't be covered, except for emergencies
- » You can to choose doctors within your IPA
- » Copayments for office visits and other medical services
- » New medical services deductibles
- » 4-tier prescription-drug plan with a \$100 individual/\$300 family deductible

## Cigna Open Access

- » Most like a PPO
- » You'll be able to visit any of the 572,800 providers in Cigna's national network without referrals, but only emergency services are covered out of network
- » Copayments for routine and specialists doctor visits
- » For other services, there is a deductible
- » After you've reached your deductible, you'll pay a 30-percent coinsurance for services
- » 4-tier prescription-drug plan - no deductible

## Consumer-Driven Health Plan

- » Same spacious network as the Open Access plan, but it also allows you to go out of network at higher deductibles and coinsurance
- » This plan is the lowest monthly contribution option
- » High deductible of \$1,500 individual/ \$3,000 family
- » More money out of your pocket at time of service
- » Includes a health reimbursement account where the city pays the first \$500 to \$1,000, depending on tier
- » 4-tier prescription-drug plan; you'll pay a 20-percent coinsurance for all four tiers



## Plan Changes for 2013

### Cigna Limited Network

- There is now a \$100 individual or \$300 family medical services deductible
- PCP visits increase from \$30 to **\$35**
- Specialist visits increase from \$60 to **\$100**
- The yearly max for inpatient hospital and facility services increases from \$1,000 to **\$1,500**
- Prescription drug copayments for preferred brands increases from \$45 to **\$60** and from \$60 to **\$85** for non-preferred.
- The annual out-of-pocket maximum increases from \$1,500 for an individual to **\$2,000** and from \$3,000 to **\$4,000** for a family.

Note: The copayment remains \$10 for generic prescriptions.

### Cigna Open Access

- The medical services deductible for an individual increases to **\$500** from \$400 and **\$1,000** from \$800 for a family.
- PCP visits increase from \$35 to **\$40**
- Specialist visits increase from \$60 to **\$100**
- Non-CCN specialists visits increase from \$75 to **\$115**
- Coinsurance increases from 20 percent to **30** percent for inpatient hospital, facility and professional services, outpatient surgery facility and advanced radiology, etc.
- The annual out-of-pocket maximum increases from \$3,000 for an individual to **\$3,500** and from \$6,000 to **\$7,000** for a family.

Note: The coinsurance remains 20% or 40% for prescription drugs.

### There are no plan design changes for the Consumer-Driven Health Plan.

Bi-weekly medical contributions			
	Cigna Limited Network	Cigna Open Access	CDHP
Non-tobacco users			
Employee only	\$27.49	\$42.77	\$15.87
Employee + children	\$82.49	\$128.32	\$47.66
Employee + spouse	\$109.99	\$171.10	\$63.55
Employee + family	\$164.98	\$256.64	\$95.32

# Dental Plan Options

We still have two great dental plans: the **DHMO**, a dental health-maintenance organization with a network of dentists and the **Dental Indemnity** plan, a traditional plan that lets you receive a comprehensive range of dental services from the provider of your choice anywhere in the United States. The rates and benefits remain the same this year. For a plan comparison, visit the enrollment website.

Bi-weekly dental contributions		
	DHMO	Indemnity
Employee only	\$4.50	\$15.79
Employee + one	\$10.34	\$36.33
Employee + family	\$14.18	\$49.75



# Vision Plan

New to your benefit plan options this year is a stand-alone vision plan. BlockVision is the administrator of this plan, which replaces the limited vision benefit in the Cigna medical plan.

You have the freedom to choose a provider from a participating list that includes retail chains as well as independent practices. There are no deductibles and no claim forms, unless you use a non-network provider. You will have to pay for those services up front and be reimbursed.

### Plan includes:

- An annual routine eye exam with a \$20 copayment
- Yearly eyewear benefit for either eyeglasses or contact lenses with \$25 copayment
- For eyeglasses - \$150 retail allowance for frames
- For contact lenses - \$150 retail allowance for contact lenses and lens fitting fee
- The following standard lens options covered at 100 percent: single vision, bifocal, trifocal, lenticular, progressives, hi-index and polycarbonate
- The following lens extras covered at 100 percent: tints, photochromic, UV coating, scratch coating and anti-reflective.
- A one-time \$300 LASIK allowance

### Participating retail providers include:

- Eyemasters/Visionworks
- Wal-Mart
- Sam's Club
- Eye Care Centers of America
- TSO
- Today's Vision

Bi-weekly vision contributions	
	Block Vision
Employee only	\$3.82
Employee + children	\$6.90
Employee + spouse	\$6.52
Employee + family	\$10.35

# Healthcare Flexible Spending Account

The Healthcare Flexible Spending Account allows you to stretch your budget further. The HFSA is a voluntary pretax benefit plan that allows you to set aside money from your paycheck to be used to pay the out-of-pocket medical, prescription, dental and vision expenses that you and your dependents incur.

You never pay taxes on the money you put in your account, giving you more bang for your buck when you use pretax money to reimburse qualified health care expenses.

Use your AFLAC NOW card at your doctor's office, pharmacy and more to pay for qualified expenses for instant reimbursement.

### Examples of qualified expenses include:

- Copayments, coinsurance and insurance deductibles for prescriptions and for medical, dental and vision services
- Orthodontia and dental expenses
- Eye glasses, contact lenses and contact-lens solution
- Items and services that you can deduct from your income tax, according to Internal Revenue Code 213

# EAP

Your Employee Assistance Program has been enhanced to include access to more than 2,000 mental health providers across the city for confidential counseling, as well as resources for legal, financial and work-life solutions.

Access to this service is available 24 hours a day, seven days a week, 365 days a year, including a website with resources.

### Expanded services include:

- Confidential no-cost counseling over the phone by highly trained master's and doctoral-level clinicians who will listen to your concerns and refer you to in-person counseling and resources.
- Financial information and resources including help with getting out of debt, tax questions, retirement planning, saving for college and more.
- Legal support and resources from attorneys by phone who will refer you for a free 30-minute consultation and a 25 percent reduction in customary legal fees.
- Work-Life solution specialists who will do the research for you providing referrals for child and elder care, home repair, college planning and more.

## HFSA at a glance

Minimum contribution: **\$240** a year

Maximum contribution: **\$2,500** a year

Plan year: **May - April**

Incur claims: **May 1 - April 30**

File claims: **July 29**

Administrator: **FLEXONE**

Use your **AFLAC NOW** card  
for instant reimbursement!

# Wellness

Wellness continues to be an integral part of your employee health benefits. Employees who participate in the annual health assessment and wellness engagement programs will continue to receive a \$25-\$50 discount on their monthly contributions.

New this year will be incentives and rewards for employees who embrace a healthy lifestyle and embody the culture of wellness fostered among city employees. Look for a roll-out of the new incentive plan in May 2013.





# Eligibility and Enrolling

## Your eligible dependents are defined as:

- » Legal spouse
- » Natural or adopted children to age 26
- » Children to age 26, over whom you have legal guardianship or legal foster care
- » Grandchildren and stepchildren to age 26 if they qualify as your dependents for federal income-tax purposes and live with you
- » Disabled dependents over age 26 who are incapable of self-sustaining employment because of mental retardation or physical handicap. The dependent must be primarily dependent on you for more than 50 percent of financial support and approved for coverage after age 26
- » Dependents (children and grandchildren) for whom a court order has been received requiring the employee to provide healthcare coverage, provided HR benefits receives the court order within 31 days after issuance. After a divorce, an ex-spouse is not eligible, except by court order issued at the time of a divorce. A divorce decree may not be amended to require a retiree to cover an ex-spouse under a city medical plan.
- » Changes to your benefits are limited to open-enrollment periods, unless you have a qualified change in family status. The change in benefits must be consistent with the status change.

Visit [www.houstontx.gov/oe](http://www.houstontx.gov/oe) for more detailed information and to view the open enrollment DVD.



## Choicelinx – your benefits enrollment and updates tool

You'll use Choicelinx to enroll or make changes to your benefits. Available 24/7, Choicelinx makes electing and updating your benefits simple and personal. The online enrollment application is secure, so whether you are at home, at work, or using a public computer — such as at the library, your information will be protected.

During this open enrollment, use Choicelinx to make your benefits selections or update your coverage for:

- » Medical plans
- » Dental plans
- » Vision plan
- » Beneficiary designation for Basic and/or Voluntary Life Insurance
- » Voluntary Life Insurance
- » HealthCare Flexible Spending Account

After open enrollment, use Choicelinx to:

- » Update your beneficiary
- » Make changes to your benefits when you have a life event like getting married or divorced, gaining new family members due to birth, adoption or legal guardianship, losing or gaining access to other coverage through your spouse and more.

To access Choicelinx, follow the "enroll now" link from [houstontx.gov/oe](http://houstontx.gov/oe) or visit [www.yourbenefitschoices.com/coh](http://www.yourbenefitschoices.com/coh).



City of Houston  
Human Resources  
P.O. Box 248  
Houston, TX 77002

## Contact Information

### Human Resources Benefits Customer Service

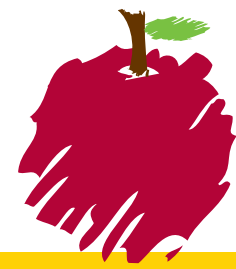
713-837-9400 or 888-205-9266  
[benefits@houstontx.gov](mailto:benefits@houstontx.gov) | [www.houstontx.gov/oe](http://www.houstontx.gov/oe)

**Cigna**  
800-997-1406  
[cityofhoustonerviceinquiries@cigna.com](mailto:cityofhoustonerviceinquiries@cigna.com)  
[www.mycigna.com](http://www.mycigna.com)

**United Healthcare (National Pacific Dental)**  
866-605-2599  
DHMO | [www.yourdentalplan.com/npd](http://www.yourdentalplan.com/npd)  
Indemnity | [www.myuhcdental.com](http://www.myuhcdental.com)

**Block Vision**  
866-265-0517  
[www.blockvision.com](http://www.blockvision.com)

**EAP**  
855-378-7485  
TDD: 800-697-0353  
[www.guidancesresources.com](http://www.guidancesresources.com)  
Web ID: HOUSTONEAP



**DiscoverHealth**  
*Open Enrollment for City of Houston employees*

## Employee Fact Sheet

### What's new?

- » Medical plan contributions are increasing
- » The Limited Network plan now includes a deductible for medical services
- » There are a few plan design changes in the Cigna Limited Network and Cigna Open Access plans
- » You now have three Independent Physician Association choices in the Cigna Limited Network plan.
  - Cigna KelseyCare
  - Mayor Healthcare Group IPA
  - Renaissance IPA
- » A new stand-alone vision plan option
- » Employee Assistance Program enhancements
- » Affordable Care Act expands free preventive care services



### What do I need to do?

- » This is an **active enrollment**. Whether you want to retain your current options, or make changes, you **MUST RE-ENROLL**. If you do not re-enroll in the plan of your choice, you will be defaulted into the Cigna Open Access Plan, which has the greatest network, but the highest contributions of the plans.
- » Update your beneficiary - It's important that your beneficiary is up-to-date so that your benefits will go to the right person. Everyone will be required to update their beneficiaries.

**NOTE: This is an active enrollment, and you must re-enroll in the plan of your choice or you will be defaulted into the Cigna Open Access Plan, which has the greatest network, but the highest contributions of the plans. If you have previously waived coverage, your waiver will be retained.**

